item of infor-	should state	of OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PERMANENT	d EXACTLY.	erly classified.]	icate.
HIS IS A	be state	be prope	of certifi
DING INK-TI	I. AGE should	, so that it may	TION is very important. See instructions on back of certificate.
VITH UNF	ully supplied	plain terms	t. See instr
PLAINTY, V	ould be caref	F DEATH in	ery importan
WRITE 1	mation she	CAUSE	TION is v.
N. B	(T)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7559
County Quean anne	Registration Dist. No. 23-D
Village or City near Columb help	NoSt.,Ward
(If Length of residence in city or town where death occurred vrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?msmosds.
(a) Residence: No. Out Ride & Guerry Curs (Usual place of abode)	Lesson Lesson St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (divice the word) Male Male Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cong. K. Candlerson	22. I HEREBY CERTIFY. That I attended deceased from 22. 1924, to 44 17 1936
6. DATE OF BIRTH (month, day, and year) Warch 14 1862	I last saw h an alive on full 17 19.36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 37.55.2m.
74 4 4 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	aute Couler Dil alis
kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL. Our Farm SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1972).	
O 10. Date deceased last worked at this occupation (month and 1935 11. Total time (years) spent in this occupation. Joyaa	Other Contributary Canses of importance:
12. BIRTHPLACE (city or town)	Washer dy tuliens & Chris
(State or country) Maryland	mysemust 1
14. BIRTHPLACE (city or town) The fluence	<u> </u>
14. BIRTHPLACE (city or town) Sufficient (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sarah Cooper	23. If deeth wes due to external causes (VAOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Offa Courte	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dudley & leusely boto July 20, 1936	Manner of Injury
19. UNDERTAKER TO THE GOOD AND THE CANADA TH	Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify
20. FILED July Z. B., 1986 James Defaulto	(Signed) A Myseult M. D.
UIf more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	the state of the s	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923		1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1831

OCCUPATION

FATHER

MOTHER

18. BURIAL, GREMATION, OR REMUVAL

19. UNDERTAKER

20. FILED.

(Address)

-WRITE

ż

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 7560
1. PLACE OF DEATH County Ques Counte	Registration Dist. No. 252
Village or City Centreville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 60 yrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME / aure / Selle / Sayne	and
(a) Residence: No. Custreactle May (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word) Terusk Whete Underween	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HASDAND (or) WIFE of Robert & Baymana	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) May 11-1859	lest saw han allva on hele 3, 1924; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stand above, at
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Noweyo win and
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Death issorbred cerebral hemorrhage.
O 1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) hv. Vernon, Delaware (State or country)	Other Contributory Causes of importance:
13. NAME James H. Cellaway	
13. NAME 14. BIRTHPLACE(city or town) (State of country) A Marvare	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rhoda Harrington	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Marane	Accident, suicide, or homicide?
17. INFORMANT. Hu Ralph Bay mand (Addrass)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If so, specify (Signed) Registrar.

If more blanks are needed, address/State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

Nature of injury 24. Was disease or injury in

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
i selveau V. S			
Other contributory causes of importance:		Other contributory causes of importance:	11112122
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	i

$\widehat{\mathbb{M}}$	s should state of OCCUPA-	1.
•	F RECORD. Every Y. PHYSICIAN Exact statement	2. 3. SI
OR BINDING	ated EXACTL operly classified.	3. SE 5a. 1 6. D. 7. A
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	WOTHER FATHER 12.1
MARGIN	VITH UNFADI fully supplied. 1 plain terms, so	ER FATHER
	Should be care E OF DEATH in	17. I
V. S. No. 1	N. B.—WRIT mation CAUSI	19. U

1. PLACE OF DEATH	(131)
County (Allen of Torseld)	Registration Dist. No. 494
Village or City M. Sulseville	NoSt.,Wai (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Thomas One	2 If U.S. Yeteran apecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word	(Month) (Day) (Year)
n. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Succe	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year)	" Attention !!
AGE Years Months Days If LESS tha	
() 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade, profession, or particular	ware as follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. The work	Par 9 1 Distriction 10
9 adustry or husiness in which	Car more de dition 193
work was done, es SILK MILL, SAW MILL, BANK, etc	- Brehal Hemorrhan & J. A.
10. Date deceased last worked at this occupation (month and 19.34 11. Total time (yeers) spent in this	Reselval Demorrhue Del 30
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Sullin Clutte (State or country)	-0.
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Delich, assure	Name of operation
(State or country)	What test confirmed diagnosis? Leaves V. New Sthere, an autopsy?
15. MAIDEN NAME Tackel Chees	23. If death was due to external causes (VIDLENCE) fill in also the following:
16, BIRTHPLACE (city or town) at legy . Issure	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Controlle Make	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 7 - 2 19	Nature of injury
9. UNDERTAKER annie W. Eddling (Address)	24. Was disease of injury in any way related to occupation of deceased?
O. FILED July 21, 1936 ITTamis & Brigh	(Signed) (Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: FIVED	4	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AIG 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	الـــــا			

ADDITIONAL SPACE FOR FURTHER	STATEMENTS B	Y PHYSICIAN
------------------------------	--------------	-------------

Every item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

7562

1. PLACE OF DEATH		A	(131)		6	m <
County Que	en am	e Co		Registration D	ist. No.	13
Village or City	terremoni	Oles	No.		St.,	Ward
	10	Z (If	death occurred in a hospital or inst		instead of street and nu	umber)
Length of residence in city or town	where death occurred	yrsmos	ds. How long in U.S.i	f of foreign birth?	yrsmos	sds.
2. FULL NAME Was	day Cal	eb Da	If U. S. Vetera	n, specify WAR	*******	
(a) Residence: No.	terkens	rele 7	ndst., Ward.			
	(Usual place o	f abode)		If nonresident g	ive city or town and S	State
PERSONAL AND STA	ATISTICAL PARTIC	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RA		(write the word)	21. DATE OF DEATH	Bull	28	6
Male Whit	e man	ried		(Month)	(0ey)	(Year)
5a. If married, widowed, or divorced				0 1		
HUSBANO of (or) WHEE of	ie Da	1001	22. MALLE	YCERTIFY	That I attended	eceased from
Coor	300 2	10011		July C	221 36	, 19.22
6. DATE OF BIRTH (month, day, and yea		1814	I last saw h. 19 alive on_	71	7.1.19-2.5	death is said
7. AGE Years Mo	onths Oays	If LESS than	to have occurred on the date st		e of importance	
62	5 8	ormin.	were es follows:	ZATE and related cause.	, or importance	Date of onset
8. Trede, profession, or perticular kind of work done, as SPIN!	NER. T	n.l.	arterio de	1		
SAWYER, BOOKKEEPER, etc.	James !	Machinery			0.	1934
work was done, as SILK MIL	1, Farm		chrone use	shine!	repersons	
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	11. Total tin	me (years)				
this occupation (month end year)143_6	spen	tin this pation				
.0	00	. 00	Other Coatributory Caases of in	mportence:		May 103
12. BIRTHPLACE (city or town) (State or country)	scevenou	Como	apolitica	Cas and		1 127
# 13. NAME Cale	A Comment	ca ma	Man Jal Pa	a Marc	ule	162
14. BIRTHPLACE (city or town)	7 Flance	ha I	- Williams		0	1.926
14. BIRTHPLACE (city or town)	lactivest C	o: ITLaL	Name of operation		Oate of	
	A. A.		Whet test confirmed diagnosis?			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	vecca N	an	23. If death was due to external			
0 16. BIRTHPLACE (city or town)	Jalbut	Co Md	Accident, suicide, or homicide?	D	ate of injury	, 19
(State or country)	0 0	1.4	Where did injury occur?	(Specify city or I	town, county and State	e)
17. INFORMANT Tau	line Sim	utla	Specify whether injury occurre			
(Address)	Stevens	ullem				
18. BURIAL, CREMATION, OR REMOVAL	- nn (1 ()	20. 20	Manner of injury			
Place Stevens	rele-Oate Jul	30,1936	Nature of injury			
19. UNOERTAKER	romas)	5-3	24. Was disease or injury in an	y way related to occupa	tion of deceased?	
(Address)	Eusville.	ma	If so, specify	Jan Lux	H50	12
20. FILEO Seeles 28, 19 B6	J. C. 2/12	mas	(Signed)		- Court	Len M. D.
20, 1120	Jan 1	Registrar.	(Address)	Steple	12 ville	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-13	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PHREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				4-1-	

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH 7563
1. PLACE OF DEATH	(31)
county Meen Acene	Registration Dist. No. 231
Village or City Rolletto C.O.	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME THOUGHOUT EVELLE	If U.S. Veteran specify WAR
(a) Residence: No. Rolle To (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STRGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed divorced HUSBAND of (or) WIFE of	22. HE EBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and ygar) 6 2 Del 5	I last saw h AM alive on Author 191, 1936, death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
73 9 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of informence were sollows.
8. Trade of ession, or particular kind of work done, as SPINNER,	Mille a real trisa 540
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years) this pocupation (month and	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) / Cearlow Med	Other Statistutory Causes of Importants
II 13. NAME Wallan Erren	0
13. NAME Welland Erri	Name of operation Dete of
Grate of country) / Carlo Co. Made	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town) May shell (State or country)	Accident, suicide, or homicide?
17. INFORMANT Thomas Englished	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Jun Ch Hill Deterry 23, 193	Nature of injury
19. UNDERTAKER HOME HI GOOD	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church Hill Ind,	if so, specify
20. FILED July 22 19 3 6 The He Lord	(Signal) M.D. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	-/
The principal cause of of importance were as	death and related cause	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Nic 6 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephro	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	517	AIE OF	MAR	(LAND-	CERTIFICATE	U
1. PLA	E OF DEATH	0	0		820	
Coun	ge or City Ne	en chi	elune	WA	No	
	/	r town where deet	occurred	***	death occurred in a hospital or institu	
	Residence: No.		(Usual place of	of abode)	St., Ward.	
PER	SONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL C	ER
3. SEX	4. COLOR C	R RACE 5.	SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	,
	, widowed, or divorce	1	Spara			
(or) WI		nary E	Lee		June 1	,,19
6. DATE OF	BIRTH (month, day, as	nd veer)	uly 2	,1867	1 last saw h. Lalive on	1
7. AGE	Years	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA'	
Z 8 Trad	e, profession, or partic	cular SPINNER D	4.000	ormin.	were as follows:	
- 11 TO	ind of work done, es AWYER, BDDKKEEPEI stry or business in wi		med the	c. Cagracu		
do Co	ork was done, as SILI AW MILL, BANK, etc.	(MILL,				
- - .	deceesed last worked his occupetion (month lear)	et		me (years) t in this pation		
12. BIRTHPI	ACE (city or town)	Forf	Vayne		Other Contributory Causes of imp	orte
(Stat	e or country)	K.C.	Hartry			
	HPLACE (city or town State or country)	mt.	Please	t	Name of operation	
	DEN NAME	Range L. F.	- 00	Kat	What test confirmed diagnosis?	
16. BIR	HPLACE (city or town	P	Calil	le.,	23. If death was due to external ca Accident, suicide, or homicide?	
17. INFORM	State or country)	Farm	e J. H.	ulgan	Where did injury occur?	
(Add		Cheste	town	ned.		
18, BURIAL,	CREMATION, OR REM	0 0	Date	7/15,1936	Manner of injury Neture of Injury	
19. UNDERT	AKER	alph	N. 860	iller	24. Was disease or injury In eny	Nay

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	564
EATH ()		(8250)	
Lucen	anne	Registration Dist. No. 2	51
near Che	stertown	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?	
in city or town where deet	F Hartma	us. How long in 0.5. If of folergy billing	0303.
0.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
OLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 13, (Mopth) (Day)	, 193.6 (Year)
divorced			
mary E	a Loe	1 HEREBY CERTIFY That attended	3 1936
	uly 2, 1867	- 1 2 2	
n, day, and yeer)		1 last saw h alive on 3, 19.3	; death is said
Months	Days If LESS than 1 dey,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
0	ormin.	were as follows:	Date of onset
or particular lone, es SPINNER, RAI KKEEPER, etc.	wil Elec Engineer	west brest	dan
ess in which , as SILK MILL, NK, etc			36
t worked et (month and	11. Total time (years) spent in this occupation		-
710	7.1	Other Contributory Causes of importence:	
own) on b	lague,		
M.C.	Hartman		
or town)	Pleasant	Name of operation Date of_	
try)	alia	What test confirmed diagnosis? Was there an	autopsy?
Barapte	J. Johaston	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
or town) P	Chalille.	Accident, suicide, or homicide? Date of Injury	, 19
(ry)	Indiana	Where did injury occur?	
less Farme	e J. Hartyan	(Specify city or town, county and Ste Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ACE.
OR REMOVAL	/	Manner of injury	
It Pauls Con.	Date 7/15,19.36		
Ralph	N. Usillan	24. Was disease or injury In eny way related to occupation of deceased?	no
Chi	testown me	If so, specify	
15, in 3 6 2/	. X. Erod	(Signed) (Address) Lee Control	M. D.
	Registrdr.	(Voriess)	

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

1. PLACE OF DEATH		
County Juen aure	Registration Dist. No. 2.5	4
Village or City December 1	NoSt.,St.,St.	Ward
Length of residence in city or town where death occurredyrsmy	How long in U.S. it of foreign birth?yrsm	nosds
2. FULL NAME Delorale a Ster	genratuer -	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Martin) (Dev)	, f93 (Year)
5e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Louis Hergensalias	22. I HEREBY CERTIFY That attended	deceased from
6. DATE OF BIRTH (month, day, and year) 1847-	I last sew hell alive on July 5,195	6; death is seld
7. AGE Years Monto Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
37- 0 ormin.	were as follows:	Date of onset
8. Ifade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- Minney beautiful	-
9. Industry or business in which work was done, as SILK MILL.	malaus trephritis	1930
SAW MILL, BANK, etc.	-	
fo. Date deceased last worked at this occupation (month and provided specification) occupation (month and provided	<u></u>	
Dug C	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	flust Hymnum	193
E 13. NAME Laures Secretary		
E // Varton	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Wes there an	autoney? NO
15. MAIDEN NAME SURAL Chauser	23. If death was due to external causes (VIOLENCE) fill in also the following	
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	
∑ (Stete or country)	Where did injury occur?	
17. INFORMANT Lellay Themas	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ite) LACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury	
Place May 1000 Month 14 11-193	Plature of Injury	
19. UNDERTAKER THE OFFICE OF THE CONTROL OF THE CON	24. Was disease or injury in any wey related to occupation of deceased?	10
20, FILED July 10, 1936. Helen M. aldudg	e (Signed) Samuel / Twee	∠M, [
To more blanks are added adding Seas Print	(Address)	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11/2=11

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

X	of infor-
MY	5 TO O
XX	shoul of OC
	Ivery IANS ment

BINDING

RESERVED

RGIN

1. PLACE OF DEATH

PHYSIC classified. THIS may plain be carefully DE pluods OF CAUSE mation

00 County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds. Length of rasidence in city or town where death occurred War If U. S. Veteran, specify WAR..... 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) (Month) 5 Af marriad, widowed, or divorcad HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Yaars Months 1 day,hrs or min. 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.... back 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, atc..... 11. Total tima (yaers) spent in this no 1D. Date dacaasad last worked at this occupation (month and occupation. instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME See Nama of oparation. 14. BIRTHPLACE (city or town)_.. (Stata or country) OTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Whara did Injury occur?___ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury LION Nature of injury_____ 24. Was disaasa of briury in any way ralated to occupation of decaasad? 19. UNDERTAKER (Addrass) If so, spacify (Signad) Registrar.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Yeer) The PRINCIPAL CAUSE OF DEATH and related causas of Importence Date of onset What test confirmed diagnosis? Was thar an autopsy? 23. If deeth was dua to axtarnal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of Injury_______19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURLA	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Adde of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car,	1 week ago
Cerebral hemorrhage	July 5,1920	Perilonitis 192	3 days ago
		47 6	3 - 49 -
		A	
Other contributory causes of importance:	Dec - M	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	-------------------	----	-----------

N. B.

STATE OF I	MARYLAND—	CERTIFICA	TE OF DEA	1H 7	568
1. PLACE OF DEATH			93-C)		
County Steen Clime			Registration [Dist. No. 2 5	2
Village or City The Starr		Nodeath occurred in a hospite	l or institution, give its NAME	St.,	Ward
Length of residence in city or town where death oc	curred 10 yrs mos	ds. How long I	U.S. if of foreign birth?	yrsmo	osds.
2. FULL NAME Mary Ele	zakut Ja	exercia			
(a) Residence: No.	Java Lone Java I place of abode)	St., Ward		give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDI		OF DEATH	
Fewele Black OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DE	Month	(Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lackerman)	22. 1 HE	EBY CERTIFY	Y. That I attended	
6. DATE OF BIRTH (month, day, and year)	23-1892	I lest sew h all	ve on		
7. AGE Years Months	Days If LESS than	to have occurred on the	dete stated above, at	L.m.	Total Name of
43 9	1 day,hrs. ormin.	The PRINCIPAL CAUSE	OF DEATH and related cause	s of Importence	1 2 4 4 4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	swife	west	Ditalati	- A	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		the	Muy .		
0 10. Date deceased last worked at this occupation (month and year)	11, Total time (years) spent in this occupetion	Orimary Cause	.: Chronie myor		&R
12. BIRTHPLACE (city or town) he Country)	lossa ma	Other Contributory Can	es of importance: Notice	MILLON SHOWING	
13. NAME Jauly Back	ea				
13. NAME Sales Sales 14. BIRTHPLACE (city or town) (Stete or country)	1 mi				
	armil		gnosis?		
15. MAIDEN NAME Accretite C 16. BIRTHPLACE (city or town) (State or country)	ma	and the same of the same of	kternal causes (VIOLENCE) fill nicide? E		
17. INFORMANT Narveau Jack (Address) Sugar Come	ternace RFA. ma			town, county and State ME, or in PUBLIC PL/	
18. BURIAL, CREMATION, OR, REMOVAL Place Pro Date	July 40 1936	Manner of Injury			
19. UNDERTAKER Bacton BA	a med	24. Was diseese of injury	any of the Oo occupa	tion of deceased?	Porozen
20. FILED July 20, 1936 / Tlam	a. S. Bright. Recistrar.	(Signed) (Address)	mething W	3/20	Y . J . M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECE 14 ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU-V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be

B.—WRITE PLA

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RE

FOR BINDING

MARGIN RESERVED

Every item of infor-

1. PLACE OF DEATH County Luxen Cun		7
		Registration Dist. No. 252
Village or City near Wye		No. St., Ward
length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(1)	coll 181	
Z. FULL NAME		
(a) Residence: No. hear W	ye miles me	
PERSONAL AND STATISTICA	DAPTICILLAPS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIYORCED (Write the word)	July 4. 1026
	Sugli	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended decessed from
(or) WIFE of	a, F	111 EREBI GERTIFI, Shart rational deceased from
6. DATE OF BIRTH (month, day, end year) Zna	43-1935	
7. AGE Years Months	Days If LESS than	I last saw h alive on, 19; deeth is seid to have occurred on the date stated above, et 2 4 5 2 .m.
/ 2.	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	Baly was dead when I was Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rone	
SAWYER, BOOKKEEPER, etc		called to see I - from tusting
Q work was done as SILK MILL		boly developed mender +
O 10. Date deceased last worked at	11. Totel time (yeers)	diex of rice sles.
O this occupation (month and year)	spent in this	0
md		Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		
~ C. C.	TIWillow Tol	
I IS. NAIME	,	
14. BIRTHPLACE (city or town)	4.	Name of operation Date of
(State or country)	ċ . ~/	What test confirmed diagnosis? home. Was there en autopsy?
15. MAIDEN NAME Gladys	scott.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	nd	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)		Where did injury occur?
17. INFORMANT Jung Sea	I (Frank Sun	(Specify city or town, county and State) (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) RAN Lucar	estown med	
18. BURIAL, CREMATION, OR REMOVAL	11,	Manner of injury
Place barmichael	ate July 6 , 19 3 6	Nature of injury
Q 11	Chil	
19. UNDERTAKER Amya Vf. (Address) Cantravelle	waine	24. Wes disease or injury in eny way related to occupation of deceased?
0 / /	. 0 D. 11	If so, specify all sof thoughton Corner Signed W. Terry Fisher
20. FILED July 6 , 1936 // lar	rus & Gright:	(Signed) M. D. (Address) M. D.
	local Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Lucess	Que			Registration Dis	No 255	
Village or Col a Cut	Organi	Fiten!	7 7No	Registration Dis	C+	War
Village of Curical	cury	//	death occurred in a hospital or institution			number)
Length of rasidence in city or tov	n whera death occurred	yrsmos	ds. How long in U.S. if of f	oralgn birth?	yrsn	nosd
2. FULL NAME QC	linia	Lough	02			
(a) Residence: No.		1	St., Ward.			
PERSONAL AND ST	(Usual place		MEDICAL CE	If nonresident give		d State
		RRIED, WIDOWED,	21. DATE OF DEATH	7 P	PDEATH	-
Lemple Color or R		ED (write tha word)	21. DATE OF BEATH	(Month)	(Bay)	, 193 (Year)
a. If married, widowed, or divorced HUSBAND of	DNU	0	0 0 1 11 5 5 7 7			
(or) WIFE of Code	and Ja	yens	22. July HEREBY	SERTIFM.	That I attended	deceased in
. DATE OF BIRTH (month, day, and ye	an May 10	1846	Wast saw h. Sex alive on	sely //	g/, 1930	e_; death is sa
. AGE Years M	onths Days	If LESS than	to have occurred on the date stated	/	2 m.	
90	2 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes o	f importance	Data afana
8. Trada, profession, or particular	NER of	2 - 6	agen	Oce le	rases	Sura
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc		vrove	2			fla
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc.	u. Own Q	rab				0
10. Date deceased last worked at	11. Total	time (years)				
this occupation (month and yaar)	934 sp	ant in this 0 4	0			
2. BIRTHPLACE (city or town)			Other Coutributory Causes of import	ance -	-	1
(Stata or country)	n ann C	r. Seid.		7		
13. NAME Edward	(Stillia	sus o		4		
14. BIRTHPLACE (city or town)		-00-1	Name of operation		Date of.	
(State of country)	een Uma	G- Mid	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME WAY	know	n	23. If death was dua to external cause	es (VIOLENCE) fill in	also tha following	ng:
16. BIRTHPLACE (city or town)	p		Accident, sulcide, or homicide?	Data	a of injury	, 19
(Stata or country) Ww	T Run	w.	Whera did injury occur?	(\$:-:	10.	
7. INFORMANT Africa	in Tay	WI P 72	Specify whether injury occurred In i	(Specify city or tow INOUSTRY, in HOME,	or in PUBLIC PI	LACE.
8. BURIAL, CREMATION, OR REMOVAL	0	0.	Manner of injury			
Place loudson	Data Ju	W 3 6	Nature of Injury			
9. UNDERTAKER ZIZM. H	Lord .	Guel	24. Was diseasa or injury In any way	related to occupatio	n of deceased?	
0. FILED Daly 20, 19 3 (o tr. m. l	lack	(Signed)	Stat	well	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 3008	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	ADE 1.16
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) _ds. How long In U.S. if of foraign birth?_____yrs.____mos.____ds. PHYSICIANS Langth of residence in city or town where death occurred statement Af U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Day) 5a, If married, widowad, or divorcad HUSBAND of CERTIFY. That Lattended decaasad from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days to have occurred on the date stated above. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trede, profassion, or particular kind of work done as SPINNER, Housell OCCUPATION 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... back may on 10. Date deceased last worked at 11. Total tima (yaars) spent in this this occupation (month and occupation. instructions 12. BIRTHPLACE (city or town). (Stata es country) 13. NAME Name of oparation (Stata or country) What test confirmed diagnosis? Was there an eutopsy? carefully OTHER 15. MAIDEN NAME very important. 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) DEATH (Stata or country) Whera did injury occur?____ pe (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnous 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury(in, any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify (Signed). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I	5	Example II	
The principal cause of de of importance were as fol Arterioselerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	BURNALLY. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	D(K) . 4	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ġ

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County Gled Nucley	Registration Dist. No. 251
Village or City Place Stor Key Co	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOUS FULL VIEW	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tomble Colored OR DIVORCED (quite the word)	(Month) (Day) (Year)
5a. If married, widgived, or divorced	
HUSBAND of Cor) WIFE of Cleany Worker	22. I HEREBY CERTIFY, That I ettended deceased from
10 mo 2 1871-1	100 to 100 10 100 100 100 100 100 100 100 100
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER ALLE ANYER, BOOKKEEPER, etc. De La Companyant de la Companyan	Cochenamo O +
kind of work done, as SPINNER All OR SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and this occupation (month and several legislation).	
SAW MILL, BANK, etc.	the terico string
year) occupation	Other Contributory Causes of interstance:
12. BIRTHPLACE (city or town). (State or country)	Det 10 100 3/000000
	Journal of Lead It In 3 Miles
Ε 2	RSOINTOJEN 1411090
(State or charty)	Name of operation Dete of
	What test confirmed diegnosis? What test confirmed diegnosis? Was there an autopsyllong:
=	Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) State of equinty COM Wille	Where did Injury occur?
Millery Melle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address Ocillo off)	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Salam Cal. Sy Date July 131936	Nature of injury
19, UNDERTAKER Th. 4. Goods	24. Was disease or injury in any way related to occupation of deceased?
(Address) Churche Hill Ind	If so, specify
20, FILED YOLK 13 , 19 34 7/ 4. Sovel	bilmon fuedt the pully M.D.
Registrar.	(Agereta) week, A cle keek

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	AUG 6 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG (1330	July 5, 1927	Peritonitis	3 days ago
	HIN MIN			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-B) 7573.
County ann ann	Registration Dist. No. 250
Village of City hers I Smalusville	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmos,ds.
2. FULL NAME Robert Afra Wa	mes
(a) Residence: No. Anum Cum Er. H	196t., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cla Pundu	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 2- 1861	I last saw hater alive on free 21 196; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
75 2 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOTE OF Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the county in this program of the county in the	+ Jim Alomack 1/14/01
9. Industry or business in which work wes done, as SILK MILL,	not known, whether primary in storach
SAW MILL, BANK, etc	orison livere duration: about one your
this occupation (month and spant in this year)	Civil R
12. BIRTHPLACE (city or town) America american	Other Contributory Causes of Importance:
(State or country)	
13. NAME Wastin Wasses 14. BIRTHPLACE (city or town) Luchum	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Plans - Maries (Address) Sundameric	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sudlustila Date July 30, 191	Neture of injury
19, UNDERTAKER Randings (Address) Annual Land	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Transport 1936 Former Registrar.	(Signed) Munity Buce M. D. (Address) Mullington
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
21110110000010010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG -3	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
-------------------------	------------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

of inforould state	1. PLACE OF DEATH	[3]
of uld	County Juleu auce	Registration Dist. No. 25
PHYSICIANS should of statement of OCC		No. St., Ward. No. St., Ward. St., Ward. St., Ward. St., Ward.
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECLY. PHd. Exact	Temale White S. Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jacq 13 (Month) Jay) (Year)
MANEN A C T I assified.	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Harry Bond Wilmer	22. I HEREBY CERTIFY, That I attended deceased from
IS A PERM stated EX properly cla	6. DATE OF BIRTH (month, day, and year) Sept 7 - 1855 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h_er allve on
NK—THIS should be it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Qata deceased last worked at this occupation (month and spant in this	Shrowic Suterstitus I replication
DING AGE so that	12. BIRTHPLACE (city or town) The Culture (State or country)	Other Contributory Causes of importance: Mutural regurgation
TH U	13. NAME Color Register Eurary 14. BIRTHPLAGE (city or town) My Centreville (State or country)	Name of operation Date of
Inc.Y, W be carefu EATH in important	15. MAIDEN NAME Click Gray Fourte. 16. BIRTHPLACE (city or town). The Cult Travelle (State or country) 17. INFORMANT. M. Haward Wood (Address)	23. If death was due to external causes (VIOLENCE) fill In also tha following: Accidant, suicide, or homicide?
Sh Sh E C is	18. BURIAL, CREMATION OR REMOVAL Place Litturelle Date July 70, 19 76	Manner of injury
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER Sarton 3 hours (Address) Centrevise, Md. 20. FILED aly 20, 1936 Hamis S. Bright Regitrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specily (Signed) (Address) (Address) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(37)
County Allegy Allege.	Registration Dist. No. 27
Village or City Reliceep Hell	No
d) (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth?yrs,mos,ds.
2. FULL NAME HERE AND WINE	If U.S. Veteran specify WAR.
(a) Residence: No. College (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH
MASO CALONE OR DIVORCED (write the word)	July 22 193 6
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Nov. 9,1912	1000 22 1936 to kelly 22 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to here occurred on the date stated above, at
13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of imperience
	were follows: Date of onset
Trade, profession, or particuler kind of work done, as SPINNER, Labor 9 SAWYER, BDDKKEFPER, etc.	A act less ou log 22
kind of work done, as SPINNER, AND SAWYER, BDDKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and spent in this securation (month and spent in this securation).	Al dea 1 Faces State
SAW MILL, BANK, etc.	Mandenker Reget
11. Total time (years) spent in this occupation (month and year) year) occupation occupation	Cloudely
year)	Other Coarributery Causes of importance:
12. BIRTHPLACE (city or town)	halle
= /	No. of control of
14. BIRTHPLACE (city or town)	Name of operation Date of Was there en autopsy?
15. MAIDEN NAME CLASSIC STADIOSE	23. If death wes due to external causes (VIOLENCE) fill In also the slewing of
16. BIRTHPLACE (city of town)	Accident, sulcide, or hoppicide? NOMILE States injury at State 20
E (State of country) CON Mices o	Where did Injury occur of Calleton Control of
17. INFORMANT Thomas Helven	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in FUBLIC PLACE.
(Address) Olels Bit AM & RAMA	May July 18
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury All All All All All All All All All Al
Plece / State Dete July 2 319 3	Neture of injury Old Hull Angle
19. UNDERTAKER Tyme H; Long	24. Was disease or injury in any wey related to occupation of deceased?
(Address) churchty b ma	If so, specific
20. FILED JULY LIP I TO THE WOOD	(Signed) (Signed) (M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AIG 6 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
177				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 3	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			3 4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

If more blanks are needed, address State/Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

00

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3 June 14 V S	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year